

The Role of Incentives in Promoting Workplace HIV/AIDS Policies and Programs

Employers and company managers have an important role to play in creating work environments free from AIDS-related stigma and discrimination. Implementing HIV/AIDS policies in the workplace can curb such unfair employment practices as compulsory HIV testing and help meet the needs of people living with HIV/AIDS for confidentiality and assistance.

This study examines the role of incentives in encouraging companies in Thailand to adopt workplace policies and programs that address stigma and discrimination and respond to the needs of workers for information and services. The research was a collaboration between the Horizons Program, American International Assurance (AIA), the Thailand Business Coalition on AIDS (TBCA), and AusAID.

Description of the Intervention

The initiative, known as the AIDS-response Standard Organization (ASO), was launched at a press conference that publicized the availability of incentives to encourage companies to implement HIV/AIDS workplace programs and policies. Afterward,



Company managers attend a meeting to discuss the effects of HIV/AIDS on their businesses.

TBCA staff built relationships with company managers to explain and promote the advantages of joining the initiative. Companies agreeing to implement at least three HIV/AIDS workplace policies would receive a reduction of 5 to 10 percent off their group life insurance premiums from AIA, Thailand's largest insurance provider, if they were AIA clients (Box 1). As the initiative evolved, TBCA introduced the additional incentive of a certificate endorsed by the government and awarded at a high-profile public ceremony.

For each company agreeing to participate, TBCA offered assistance to enhance their activities, including providing educational leaflets, videos, and a mobile exhibition, as

well as condoms, peer education training, counseling and referrals to support groups for HIV-positive employees, and assistance with writing company HIV/AIDS policies.

Study Design and Data Collection Methods

The investigators explored the process and outcomes of offering incentives to encourage companies to improve their workplace HIV/AIDS policies and programs. The study was conducted among companies in Bangkok, Chiang Mai, and neighboring provinces between May 2000 and April 2002. The researchers used a checklist to document the characteristics of the 857 companies that were invited to join the initiative, and conducted interviews with managers of 99 companies that agreed to participate in ASO (out of a total of 125) and 144 that declined to participate. Managers and employees (approximately 9,000) from the 125 participating companies twice completed self-administered questionnaires, first when they joined the initiative and then 18 months later. Data from the managers' questionnaires were used to determine a pre- and post- accreditation score for each company.

Key Findings

Managers were more motivated by social responsibility to improve their policies and programs than by incentives. The most important reason cited by company managers for joining ASO and subsequently implementing HIV/AIDS policies in the workplace was an altruistic one: the opportunity to act in the best interests of their employees. Nearly 60 percent of the 125 company managers choosing to join ASO decided to participate because they felt a sense of responsibility to their workers and the wider community to do something about HIV/AIDS.

“The incentive...to be involved in the fight against AIDS is not simply about money or certificates, but about us giving our workers greater knowledge and providing them with additional training.”

Manager, ASO participant

Other motivations to join the initiative reported by managers were that ASO would allow them to find out how their HIV/AIDS policies and programs compare to those of other companies, and to better understand the disease and how employees may be at risk due to their behavior.

Box 1 Insurance premium reduction qualification criteria

Companies qualified for the minimum 5 percent reduction off their group life insurance premium if they signed onto a declaration acknowledging that they met the three key policy requirements:

- No testing of job applicants for HIV.
- No testing of employees for HIV.
- No dismissal of employees known to be HIV-positive because of their HIV status.

Further reductions of up to 10 percent were awarded to companies that demonstrated a comprehensive workplace HIV/AIDS program for employees by adhering to the three basic policies and also:

- Informing their employees of the company's HIV/AIDS policies.
- Maintaining confidentiality of the HIV status of employees.
- Providing assistance to HIV-positive employees.
- Making training and information on HIV/AIDS available to employees, including promotion and distribution of condoms.
- Being involved with HIV/AIDS activities in the wider community.

Only 11 percent of managers who participated said that they had joined ASO for its financial benefits, while the rest—particularly smaller companies with fewer resources—did not perceive the premium reduction as being enough to justify the additional costs of introducing the policies and activities. With life insurance coverage costing employers an average premium of 250 baht (US \$5.85) per employee, the maximum reduction available was 25 baht (US \$0.60) per employee.

“To be honest, it is only a small amount. Seeing that we would have to invest time, it would be time consuming and complicated.”

Manager, non-participating company

Neither did company managers value the certificate nor attach much importance to receiving it at a public ceremony. They indicated that the certificate would have had greater value if it had been endorsed by a well-known international organization or the Thai royal family; or if the initiative itself had been better known in the first place, thereby making achievement of the certificate a significant accomplishment.

“Our hotel has so many [certificates] that I do not know where to put them. I am not interested in the certificate unless it came from someone really important.”

Manager, ASO participant

Researchers also discovered that some managers declined to join because the sign-up process appeared very complicated or because they suspected the incentive scheme was an AIA marketing ploy since only AIA clients were entitled to the insurance discount.

Managers with pre-existing connections to the initiative were more likely to participate.

Overall participation in the initiative was 15 percent of the 857 companies originally invited. Participating companies included factories, hotels, and commercial and professional firms, and companies of diverse size and ownership characteristics. Company characteristics associated with higher levels of participation in the initiative included a history of previous involvement in HIV/AIDS activities and the manager’s personal commitment to the issue. The most successful contact method of recruiting companies was approaching companies and individuals already known to TBCA. Locally-owned and -headquartered

Horizons conducts global operations research to improve HIV/AIDS prevention, care, and support programs. Horizons is implemented by the Population Council in partnership with the International Center for Research on Women (ICRW), the Program for Appropriate Technology in Health (PATH), the International HIV/AIDS Alliance, Tulane University, Family Health International, and Johns Hopkins University.

companies had significantly higher participation levels than those in which the locus of decision-making was physically more distant. Larger companies, to whom the fixed costs of the required policy changes represent a proportionately smaller burden, were slightly more likely to sign up to the initiative.

Most participating companies improved their HIV/AIDS policies and programs.

ASO had a marked impact on the

workplaces of participating companies, with 82 percent of companies improving their accreditation score between the two rounds. Overall, the mean total accreditation score increased from 37 to 51 points out of a maximum of 100 ($p < .001$).

Broad policy improvements were not associated with specific changes at the employee level.

The self-administered questionnaires completed by employees indicated very limited impact on the HIV/AIDS knowledge and risk behavior of individuals. This is not surprising since an intervention designed for impact on individual risk behaviors must go beyond the policy level to directly and



HIV/AIDS educational workshop activity with employees

TBCA


consistently reach employees over a significant time period.

Among companies that joined ASO, financial incentives were associated with greater policy improvements. Although the financial incentive was perceived to be insufficient to motivate many companies to join ASO, it likely played a positive role once companies had already signed up. About a third of 125 companies that joined ASO (34 percent) held AIA group life insurance policies and were eligible for premium reductions. AIA member companies showed greater improvements in their policies and spent more to improve their programs than did non-AIA member companies that joined ASO and were ineligible for financial benefits.

Conclusions and Policy Implications

The study found that the ASO initiative mobilized different types of companies to develop and improve HIV/AIDS workplace policies and programs. Although many managers were not motivated by the incentives to sign up, a significant proportion had an untapped sense of responsibility to act in the best interests of their employees by joining ASO. The data also reveal that companies who were eligible for the insurance discount made the greatest improvements. Thus this financial incentive combined with efforts to tap into managers' willingness to respond to the epidemic can be important motivators for certain companies to improve their workplace environment. Financial rewards can clearly have an impact on company policies and programs, but in order to have a marked influence on the private sector's role in fighting HIV/AIDS, future schemes should consider offering meaningful financial incentives for all participants at the time of recruitment and implementation.

Despite improvements at the workplace, there was no impact on employees' HIV-related knowledge and behavior. One reason may be that the focus of ASO was on management adopting non-discriminatory policies, which help to safeguard workers' rights but likely do little to foster sexual risk-reduction behaviors at the individual level among employees. Also, while TBCA offered companies a menu of materials and services to improve workplace HIV/AIDS programs, the inputs requested may not have been sufficiently intense to result in improvements robust enough to make a difference in workers' knowledge and behaviors. Therefore, in future endeavors, more attention needs to be paid not only to participation but also to the program content of HIV/AIDS workplace activities.

Building on these findings, the initiative will be scaled up to 25 provinces in Thailand, beginning in late 2003. TBCA has received funding from the Global Fund to recruit 2,500 workplaces to participate in the new program, in cooperation with the Ministry of Public Health, the Ministry of Labour and Social Welfare, business groups, AIA, and local nongovernmental organizations. 

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